

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation LIBRE INITIATIVE		3. FEC Identification Number <div>C C90016239</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1320 N COURTHOUSE ROAD SUITE A-300		
(c) City, State and ZIP Code ARLINGTON VA 22201		
2. Occupation and Name of Employer (for Individual Filers Only)		

10430.21

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

LIBRE INITIATIVE

Full Name (Last, First, Middle Initial) of Payee

LIBRE Initiative

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 06 / 2016

Mailing Address 1320 N Courthouse Road

Suite A-300

Amount

9332.36

City

State

Zip Code

Arlington

VA

22201

Transaction ID : F57.000001

Purpose of Expenditure

Catherine Against Nevada staff time (exceeded \$10k on 10/17/2016)

Category/
Type

001

Office Sought:

☐ House

State: NV

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Masto, Catherine Cortez, , ,

Calendar Year-To-Date Per Election
for Office Sought

140564.85

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LIBRE Initiative

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 06 / 2016

Mailing Address 1320 N Courthouse Road

Suite A-300

Amount

1097.85

City

State

Zip Code

Arlington

VA

22201

Transaction ID : F57.000002

Purpose of Expenditure

Catherine Against Nevada staff expenses (exceeded \$10k on 10/17/2016)

Category/
Type

001

Office Sought:

☐ House

State: NV

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Masto, Catherine Cortez, , ,

Calendar Year-To-Date Per Election
for Office Sought

141662.70

Disbursement For:
2016☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

10430.21

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

10430.21

(carry total from last page forward to Line 7)